

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILING DATE

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS			
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51			
2		1					52			
3		2					53			
4		2					54			
5		2					55			
6							56			
7							57			
8							58			
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23							73			
24							74			
25		3					75			
26		3					76			
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41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1						TOTAL IND.			
TOTAL DEP.	2						TOTAL DEP.			
TOTAL CLAIMS	3						TOTAL CLAIMS			